

KEARNEY ELITE HOCKEY BATTLE CAMP

REGISTRATION FORM

For players birth year 2000 – 2005

JULY 13th – 18th 2015 at EBLE ICE ARENA

SCHEDULE:

Monday July 13 thru Friday July 17 10:00am to 2:30pm

On ice – 10:30am to 11:45am

Off ice – 11:45am to 1:15pm (Lunch included)

On ice - 1:15pm to 2:30pm

Saturday July 18

12:30pm to 1:45pm - Full Ice Game!

CUT HERE

(KEEP THIS UPPER PORTION FOR SCHEDULE OF TIMES)

CUT HERE

COST: \$360 for the entire week!

Check # _____

Make checks payable to “SEAN KEARNEY” and mail to:

SEAN KEARNEY, 152 N. 62nd St, Milwaukee, WI 53213

or drop off at Eble Ice Arena. Registration forms are also available on the Eble website:

www.waukeshacountyparks.com

For any questions phone Sean at (414) 334-1782 or email at: kearneyelitehockey@hotmail.com

EBLE ICE ARENA / KEARNEY BATTLE CAMP RELEASE OF LIABILITY

I am being allowed to participate in Open Ice Hockey at Eble Ice Arena. I understand that there are certain dangers inherent in playing Open Ice Hockey, which includes but is not limited to injuries from contact with other players, sideboards, goal standards, the ice, the puck and equipment. In consideration of being allowed to participate in Open Ice Hockey, I, individually and for all others who may make a claim based on injury to me, accept the risk of physical injury and release and discharge Waukesha County and all of its employees, and Sean Kearney and those associated with him and this camp from any liability to me for any physical injury which may occur while I am participating in Open Ice Hockey. I understand that the purpose and intent of this release is to prevent me, and others who may claim through me, from recovering any money from the above mentioned parties for any physical injury I suffer while playing Open Ice Hockey. This release is active for the various dates and times listed above valid July 13, 2015 through July 18, 2015

Participant's Name _____ Level / Organization _____

PLEASE PRINT CLEARLY

Address _____ Jersey Size _____

City/State/Zip _____ Emergency Phone # (_____) _____

Email Address _____ Home Phone # (_____) _____

Parent / Guardian Signature _____ Date _____